

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00564765	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 09 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount 1200.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.672
Purpose of Expenditure RADIO MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2016	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee FREEDOM PARTNERS CHAMBER OF COMMERCE, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 09 / 2016	
Mailing Address 2200 WILSON BLVD. STE. 102-533		Amount 5000.00	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE24.673
Purpose of Expenditure DIGITAL MEDIA PRODUCTION	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2016	
Name of Federal Candidate TED STRICKLAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6200.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

MM / DD / YYYY
06 / 10 / 2016

Signature